

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKGilberto Vargas

15CV 6711

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

New York City,Jury Trial: ☒ Yes ☐ No
(check one)NYPD #60TH PctOfficer # 942139 officer John Doe #1Officer # 2662 officer John Doe #2Officer # 932207

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

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I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Gilberto Vargas
 Street Address 161 Bush Street Apt 5B
 County, City Kings Brooklyn NY
 State & Zip Code N.Y. 11231
 Telephone Number (718) 669-3188

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name NYPD 60TH Pct
 Street Address West 8th Street

County, City King Brooklyn
 State & Zip Code NY 11224
 Telephone Number _____

Defendant No. 2

Name Officer # 2662
 Street Address at both Pct on West 8th Street
 County, City Kings Brooklyn
 State & Zip Code NY 11224
 Telephone Number _____

Defendant No. 3

Name Officer # 932207
 Street Address both Pct West 8th Street
 County, City Kings Brooklyn
 State & Zip Code NY 11224
 Telephone Number _____

Defendant No. 4

Name Officer # 942139
 Street Address both Pct West 8th Street
 County, City Kings Brooklyn
 State & Zip Code NY 11224
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? at the 60th Pct and at NYC Brooklyn central Bookings

B. What date and approximate time did the events giving rise to your claim(s) occur? on 7/24/2015 at or around 7:30 pm

C. Facts: I Was denied medical attention for my diabetes at the 60th Pct by the officers on 7/24/2015 at 7:30pm until I was Booked at central Bookings at Kings County
the officers denied me medical attention until the officers was informed by the EMS worker at central Booking to take me to the Hospital so after about Two hours Officer #2662 and Officer John Doe took me to Bellevue Hospital from Brooklyn to manhattan just for medical Help.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I am a diabetic and now I have severe pain in my kidney area with persistent vomiting and excessive diarrhea, heavy bleeding and seizures

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I would like for the officers and the city to learn how to care for people with diabetes and monetary compensation in the amount of \$20,000,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of August, 2015.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Gilberto Vargas
Gilberto Vargas
161 Bush Street APT 5B
Brooklyn NY 11231
(718) 669 3188

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Gilbert Vargas
161 Bush Street Apt 510
Brooklyn NY 11231



To: Pro Se Office
500 Pearl Street
New York, N.Y. 10007

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